

**Written Statement of
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before the

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House of Representatives**

**“Avian Flu: Addressing the Global Threat”
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Introduction: Mr. Chairman, thank you for the opportunity to discuss our efforts to engage the international coalition to improve global readiness against a possible outbreak of pandemic influenza. The current outbreak of H5N1 highly pathogenic avian influenza (HPAI) virus is a truly global challenge. No country can fight a potential pandemic alone; an outbreak anywhere risks an outbreak everywhere. Nations must join together now to prevent an outbreak, while preparing to contain and respond if avian flu becomes a pandemic among people. Indeed, dealing with any novel influenza virus with pandemic potential before it reaches our border is a necessary form of forward defense.

The H5N1 highly pathogenic avian influenza virus is not just a health matter but an economic, security and social issue. The social, economic and political impacts of a virulent human flu pandemic, whether sparked by the strain that is currently circulating in birds or by any other new strain, could be devastating. The 2003 SARS outbreak cost more than 700 lives and some \$80 billion worldwide. This issue requires the involvement of not only Ministries of Health and Agriculture but also Ministries of Foreign Affairs and Executive Offices of Presidents and Prime Ministers. Our framework for action is predicated on measures in support of surveillance, preparedness, and response and containment.

The Partnership: Recognizing this threat can only be averted through coordinated international effort, President Bush seized the mantle of global leadership, announcing the establishment of the International Partnership on Avian and Pandemic Influenza on September 14, 2005 during the high-level segment of the UN General Assembly meeting. The President’s speech focused the attention of the world community on the need for timely and sustained high-level political leadership and concrete, cooperative action. Specifically, the Partnership’s aim is to combat the threat of avian flu and improve global readiness for human pandemic influenza by elevating the

issue on national agendas; coordinating efforts among donor and affected nations; mobilizing and leveraging resources; increasing transparency and the quality of surveillance; and building local capacity to identify, contain and respond to a pandemic influenza.

The Partnership is a voluntary coalition built on a set of ten core principles, which call for enhanced preparedness, surveillance, transparency in the form of rapid reporting and the sharing of data and samples, and cooperation among Partners and with several key international organizations, including the World Health Organization (WHO), the Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE). Through the Partnership, countries have agreed to work together to develop the capacity to plan for, detect, prevent, and rapidly respond to an incipient epidemic. The Partnership is working closely with the international organizations that have led global efforts to heighten surveillance in poultry and die-offs in migratory birds and rapid introduction of containment measures. Members have developed, or are in the process of developing, national preparedness plans, setting up surveillance networks and working closely with the WHO, FAO, and OIE in the detection of outbreaks.

I am pleased to report that the Partnership is off to a good start. In early October, the State Department hosted a well-attended meeting of the Partnership member countries. Senior officials from 88 countries and nine international organizations participated actively in the plenary sessions and roundtables, and identified three priority areas for collaboration: building stockpiles of drugs and supplies; speeding vaccine development and distribution; and implementing rapid response and containment measures. Several conclusions also emerged from these productive discussions: recognizing that many countries lacked the capacity to prepare for or respond to a pandemic, capacity building is a priority. A number of participants stressed the need for communication and education strategies to raise public awareness and change behavior. Participants also emphasized the need for prompt reporting of suspected cases and for a coordinated international effort. They stated that, in addition to the health impacts of the pandemic, we must prepare for the economic and social effects, ensuring continuity of business operations, for instance.

The Partnership is truly a cooperative effort. It includes not only key U.N. agencies and international organizations such as the World Health Organization, the Food and Agriculture Organization, the World Organization for Animal Health, and the World Bank, but also regional organizations such as the Asia Pacific Economic Cooperation (APEC) forum, the Association of Southeast Asian Nations (ASEAN), the African Union, the European Union, and the Summit of the Americas. Significantly, a number of countries have supported the Partnership by taking leadership roles in several key areas. As a result of the Senior Officials Meeting, Canada agreed for example, to spearhead follow-on discussions on international stockpiling of vaccines and anti-viral medicines as an important component of readiness. We held discussions with representatives of the European Union on a comprehensive strategy for vaccine research, development and production. Australia and Japan agreed to collaborate on rapid response and containment, including the economic and social impacts of a pandemic. Since the October Senior Officials Meeting, work is progressing on the issues of stockpiles, rapid response and containment, and vaccines. Much of this work was carried forward at a meeting co-hosted by the WHO, FAO, OIE and the World Bank in Geneva on November 7-9, 2005, and at the annual

Ministerial meeting of the Global Health Security Action Initiative (GHSI), in Rome on November 17-18, 2005, which brought together the Health Ministers of Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, and the United States, along with the Commissioner of Health and Consumer Protection of the European Commission and the Director-General of the WHO.

Stockpiles: In late October, Canada held a meeting of health ministers in Ottawa and put on the agenda the topic of stockpiles of anti-viral medicines and vaccines. At the conclusion of the Ottawa meeting, the ministers endorsed a communiqué stressing the urgent need for strengthening surveillance, a global policy on vaccine development, and coordinated risk communication. HHS Secretary Leavitt told the assembly that the involved countries and relevant international organizations would need to agree on a proper doctrine to govern rapid response and containment as a prelude to getting national commitments to the creation of an international stockpile of anti-virals. In addition, he called for holding a tabletop exercise, including simulated drug delivery, to enhance international understanding and communication on this important topic, to be followed, by the end of calendar year 2006, with a full dress-rehearsal to test the international response to a cluster of human cases of a novel influenza virus with pandemic potential in Southeast Asia. Discussion of stockpiling of anti-virals continued at the GHSI Ministerial, where the eight Ministers of Health endorsed the creation of mechanisms to supplement the three million treatment courses of Tamiflu that Hoffman-La Roche has donated to the WHO Secretariat for containment of an incipient outbreak. The Ministers made it clear, however, that they conditioned their support on the production by the WHO staff of a clear and coherent concept of operations and doctrine of deployment for stockpiled anti-virals.

Rapid Response and Containment: Australia used the Asia Pacific Economic Cooperation (APEC) forum's avian influenza preparedness meeting on October 31 through November 1 to make progress on response and containment strategies. In addition to the 21 APEC members, WHO, FAO, ICRC and the World Bank attended the meeting. Participants agreed to establish communication and information-sharing networks among experts in the region, build an inventory of regional resources and capabilities that could be provided to expert multilateral organizations for rapid response in the event of an outbreak, and conduct a regional desktop simulation in the first half of 2006 to test regional communication during a potential pandemic outbreak. Given that a human influenza pandemic is most likely to emerge from Southeast Asia, the work begun at this meeting in Brisbane to enhance a regional rapid response capability is essential. The Global Health Security Action Initiative (GHSI) Health Ministers also committed to work with the WHO Secretariat to produce a doctrine of deployment for international containment efforts and a clear concept of operations for international stockpile(s) of anti-virals and medical supplies for presentation to the WHO Executive Board at the end of January 2006.

Vaccines: On November 4-5, the World Health Organization hosted an experts meeting on the development of vaccines for pandemic influenza. This meeting afforded an opportunity for all countries working on a vaccine against avian influenza to share their progress and establish a way to share technical information in order to speed the development of a safe and effective human vaccine. In the first quarter of calendar year 2006, HHS and the WHO Secretariat will be co-hosting a meeting of international drug regulators to begin the process of harmonizing, to the

greatest extent possible, the requirements for marketing approval of vaccines against a pandemic strain.

On November 7-9, 2005, in Geneva, the WHO, FAO, OIE, and the World Bank hosted a Partners meeting on avian influenza and human pandemic influenza. Specifically, as an outgrowth of our Partnership's Senior Officials Meeting, there were detailed discussions on focusing international efforts on short-term animal monitoring, surveillance, antiviral stockpiles, expanding vaccine production capacity, contingency planning to ensure continuity of operations if an outbreak occurs, and communications strategies. In addition there was agreement on the importance of working to help African countries – particularly those already overwhelmed by HIV/AIDS.

Partnership's Next Steps: One issue to be more fully addressed is donor coordination. In the recent discussions in Geneva, we proposed that the WHO, the World Bank and other major donors, coordinate with us their assessments of country needs. This will allow us to come to a common understanding of what additional financial and technical assistance is necessary. A subsequent conference to be co-sponsored by the European Commission and the Chinese in mid January will provide an opportunity for donors to outline what they are, and will be, doing to help countries affected with avian influenza. And we will hold another meeting of the Senior Officials of the International Partnership on Avian and Pandemic Influenza early next year to take stock of the progress being achieved and to determine what additional steps should be taken.

Diplomatic Engagement: The Bush Administration has taken advantage of every possible bilateral and multilateral opportunity to stress the seriousness of the threat posed by avian influenza and the need for rapid action. The President is personally engaged and has raised this issue with the Presidents of China, Indonesia, and Russia as well as the Prime Ministers of Canada and Thailand. Secretary Rice re-iterated our concerns to ASEAN countries, meeting on the margins of the September High-Level Segment of the UNGA. She also devoted time on her recent Ottawa trip to a briefing on the progress of the Canadian health ministerial discussion on possible stockpiles of anti-viral medicines and vaccines.

We are also advancing this issue at the highest levels in Asia. President Bush attended the APEC Leaders meeting last month in Korea and the topic of avian influenza was a centerpiece of those discussions. As the Chair of the APEC Health Task Force, the U.S. Government is working with our key partners in APEC to strengthen the region's commitment to prepare for and prevent an influenza pandemic. In the ASEAN Regional Forum (ARF), we are encouraging participants to consider the security implications of a pandemic. Deputy Secretary Zoellick raised the threat of avian influenza and the need for preparation and planning in the ASEAN and ARF meetings in Laos this past July.

In addition, we are reaching out to the private sector to improve their regional capacity to respond and prepare for a pandemic. We are urging the APEC Business Advisory Council (ABAC) to look into using private sector health facilities to enhance epidemic surveillance and detection capabilities. We are also recommending that ABAC consider establishing a set of

business community ‘best practices’, including a checklist for emergency preparedness, paying special attention to small and medium sized enterprises.

During mid-October, Under Secretary Dobriansky traveled to Southeast Asia --Thailand, Cambodia, Laos, Vietnam, Indonesia, Singapore and Malaysia -- with Secretary of Health and Human Services, Mike Leavitt (and members of his staff from the National Institutes of Health and from the Centers for Disease Control and Prevention), and representatives from USAID and the U.S. Department of Agriculture, as well as Dr. Lee, the Director-General of the World Health Organization (WHO), and representatives of the Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE). We were very pleased that these countries had their Foreign or Prime Ministers meet with the U.S. delegation – an indication that we were succeeding in our efforts to raise the political profile of this issue. Malaysia, for instance, named a senior point of contact in its Foreign Ministry to enhance bilateral and multilateral communication. Vietnam offered for the first time during the U.S. visit to accept international monitors to augment their national surveillance efforts.

As a result of the U.S. delegation visit, and additional assessments done by U.S. experts, we learned more about the needs of those countries. For example, Vietnam, Laos, Cambodia, and Indonesia are particularly in need of capacity building in technical areas such as laboratory training and vaccine development. The U.S. delegation stressed our desire to work with the public and private sectors in these nations to address these shortcomings and the Administration has, in fact, already begun to fill these critical needs.

I’d like to emphasize that this is truly an unprecedented interagency effort by the United States. The President has charged the State Department with leading the international activities of the U.S. National Strategy for Pandemic Influenza and, in doing so, we collaborate closely with our dedicated colleagues at HHS (including CDC and NIH), USAID, USDA and other technical agencies. With that in mind, let me provide some concrete examples of U.S. assistance in three key areas of our strategy – surveillance, preparedness, and response and containment. Our assistance targets the needs of the most affected countries with the least capacity such as Laos, Cambodia, Vietnam and Indonesia. These activities are being designed and funded by USAID, HHS and USDA as part of a coordinated interagency process.

On **surveillance**, we are providing training, financial, technical and commodity support for national veterinary and other staff to monitor H5N1 in domestic and wild birds. We are increasing the capacity of national public health staff to detect new human infections of this and other novel strains of influenza and ensure timely and accurate diagnoses. We are working with the FAO on strengthening “early warning systems” in the agricultural sector and the ability to communicate rapidly about concerning cases. To give a country-specific example, we have provided the support of the U.S. Naval Medical Research Unit (NAMRU-2) to strengthen surveillance efforts in Indonesia.

On **preparedness**, we are supporting Ministries of Health as they develop national pandemic preparedness plans. We are helping Ministries in Asia to conduct pandemic preparedness training and simulations. We are purchasing equipment for experts in the region to test samples. With the FAO and WHO, we are engaging Agriculture, Health and other ministers to increase

regional and international coordination. To give a country-specific example, the Vietnamese Ministry of Health has received support from HHS (including CDC) for vaccine development and clinical trials and has solicited our assistance in monitoring its response to human and animal infections of H5N1.

Finally, on **response and containment**, we are establishing, training, and supporting rapid response teams through FAO to conduct containment measures in animal populations and through Ministries of Health to react quickly to attempt to contain cases of H5N1 or other novel flu strains in humans. We are building local capacity to cull and dispose of infected or exposed animals, and setting up in-country and regional emergency stockpiles of essential commodities. We are, for example, pre-positioning protective gear in Southeast Asian countries to be used in case of an avian flu emergency.

Funding: Efforts are already underway for HHS and USAID to use \$25 million in emergency Tsunami supplemental funds and \$5.8 million of reprogrammed USAID Fiscal Year '05 funds for this emerging policy priority. In addition, USAID plans on reprogramming another \$6.3 million of Tsunami funds for this purpose. This is, of course, only the start. In conjunction with his November 1st announcement of the National Strategy, the President called for an additional \$7.1 billion in emergency funding. This request includes \$250.8 million to detect and contain outbreaks before they spread around the world; as the President rightly noted: "early detection is our first line of defense." Of the \$250.8 million, the Department of State would receive a total of \$8.3 million for international response coordination, involving foreign governments and non-governmental organizations, diplomatic outreach, exchanges of U.S. and foreign medical personnel, and health support and protection of U.S. Government employees and families at U.S. missions overseas. The Department of State would also receive \$20 million to fund the potential evacuation of U.S. Government personnel and dependents from overseas missions.

Conclusion: In the few months since its creation, the International Partnership on Avian and Pandemic Influenza has already made a dramatic difference in heightening international awareness and made addressing this issue a priority for nations; fostered closer collaboration among Agriculture, Health, Economic and Foreign Ministries; accelerated the placement of monitors in high-risk countries; catalyzed the development and deployment of comprehensive surveillance networks; and increased donor commitment and coordination. But there is still more that needs to be done.

We believe that our message of cooperation and common cause has resonated with many countries, particularly those most affected in Asia. Countries that lack the capacity to prepare for, and respond to, an influenza pandemic are showing growing understanding and increasing willingness to confront the problem. They realize that the cost of taking action now is significantly less than the cost of a pandemic. At the recent meeting in Geneva, WHO Director General Lee estimated that 120 countries now have, or have begun preparing some form of avian flu preparedness plans; this is twice the number estimated just two months ago. Those plans will serve as the foundation on which national and regional surveillance networks will be built and strengthened. We are also hearing from the FAO and OIE that at-risk countries are becoming increasingly transparent, sharing information and samples more readily than in the past. These international organizations credit countries and their leadership for making this issue a priority

and laud the United States for helping to make this progress possible through the International Partnership on Avian and Pandemic Influenza and sustained high-level diplomacy. Even as we work with our partners to coordinate assistance, the United States has begun to assist the highest risk countries in the key areas of surveillance, preparedness, and response and containment. We will build on this solid foundation as the Partnership progresses. We look forward to working with you on avian flu and I thank you again for this opportunity to testify before this Committee.

I welcome any questions you may have.